

## CLASS ACTION OPT-IN NOTICE FORM

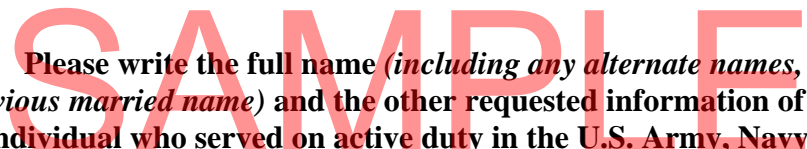
UNITED STATES COURT OF FEDERAL CLAIMS

*Sabo, et al. v. United States*

Case No. 08-889-C

**1. Fill out this form completely and legibly. It must be mailed or faxed to Class Counsel at the address below and must be postmarked or faxed by \_\_\_\_\_, 2009.**

PLEASE NOTE: A notice has been sent to your address based on information contained in the Government’s records regarding your service with either the United States Army, the United States Navy, the United States Marine Corps, or the United States Air Force (collectively identified as the “United States” for purposes of this lawsuit). It is your responsibility to ensure that the information you provide on this form is complete and accurate. If the veteran to whom this notice has been sent is deceased or has been declared legally incompetent and there is a legal representative (such as a guardian or executor) of this veteran, then the veteran’s heir or legal representative should complete this form on behalf of the veteran and is responsible to ensure that the information is complete and accurate.



**2. Please write the full name (*including any alternate names, e.g., maiden name or previous married name*) and the other requested information of the veteran, that is, the individual who served on active duty in the U.S. Army, Navy, Marine Corps, or Air Force, was found by a Physical Evaluation Board to be unfit for continued service due, at least in part, to the individual’s post traumatic stress disorder (PTSD), was assigned a disability rating for PTSD of less than 50%, and, as a result, was released, separated, retired, or discharged from active duty after December 17, 2002, and prior to October 14, 2008 (regardless whether such release, separation, retirement, or discharge resulted in the individual’s placement on the Temporary Disability Retirement List).**

Veteran’s Name (*including any alternate names, e.g., maiden name or previous married name*): \_\_\_\_\_

Veteran’s Social Security Number:  
\_\_\_\_\_

Check The Military Branch In Which the Veteran Served On Active Duty: \_

Army     Navy     Marine Corps     Air Force

**3. Please fill in the information below (for the person completing this form).**

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone, if any: \_\_\_\_\_

Cell Telephone, if any: \_\_\_\_\_

E-Mail Address, if any: \_\_\_\_\_

**4. By signing your name in the space below, you understand that you are indicating that you desire to join (or you desire that the veteran you represent join) the class action lawsuit described in the accompanying notice. You are also declaring, under penalty of perjury under the laws of the United States and applicable state laws, that the veteran:**

**(a) served on active duty in the U.S. Army, Navy, Marine Corps, or Air Force;**

**(b) was found by a Physical Evaluation Board to be unfit for continued service due, at least in part, to PTSD;**

**(c) was assigned a disability rating for PTSD of less than 50%, and, as a result;**

**(d) was released, separated, retired, or discharged from active duty after December 17, 2002, and prior to October 14, 2008 as indicated in the accompanying Notice.**

Sign Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

**5. Mail or fax this completed form to:**

National Veterans Legal Services Program  
c/o **SABO CLASS ACTION LAWSUIT**  
P.O. Box 65762  
Washington, DC 20035  
Fax No.: [TBD]